



Linda Francis
Director

Montana Department of Revenue



Judy Martz
Governor

CREDIT FORM FOR DEFECTIVE MERCHANDISE/TRANSPORTATION BREAKAGE/SHORTAGE

Store #: _____ City: _____ Date: _____

Signature: _____

NOTE: Please fax completed form to (800) 332-6135, Option 3-1

Invoice Rec'd On	NABCA Number			Item Description	Qty (Units)	Adj Code

OFFICE USE ONLY:

Total Units

Approved by: _____ Date: _____ Invoice Applied to: _____

White and Canary copy to Central Office, Pink copy retained by Agent